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PATENT

UNITED STATES PATENT AND TRADEMARK OFFICE
(Case No. 00-1215)

IN THE APPLICATION OF:)
)
Calzone et al.)
)
Serial No. 09/724,859) Examiner: P. Mertz
)
Filed: November 28, 2000) Group Art Unit: 1646
)
Title: Nucleic Acids Encoding)
Interleukin-1 Receptor)
Antagonist-Like proteins and)
Uses Thereof)

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In regard to the above identified application,

1. We are transmitting herewith the attached:
 - a) Request for One-Month Extension of Time; and
 - b) Postcard
2. With respect to fees:
 - a) Check in the amount of \$110.00.
 - b) Please charge any additional fees or credit overpayment to Deposit Account No. 13-2490. A duplicate copy of this sheet is enclosed.
3. CERTIFICATE OF MAILING UNDER 37 CFR § 1.8: The undersigned hereby certifies that this Transmittal Letter and the paper, as described in paragraph 1, are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 12, 2003.

Respectfully submitted,

BY: Sherri L. Oslick
Sherri L. Oslick, Ph.D.
Registration No. 52,087



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.: 00-1215
	Application No.: 09/724,859
	USPTO Confirmation No.: 9410
	Filing Date: November 28, 2000
	First Named Inventor: Calzone et al.
	Group Art Unit: 1646
Examiner: P. Mertz	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application to and including .

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|----------|
| <input checked="" type="checkbox"/> | One Month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> | Two Months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> | Three Months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> | Four Months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five Months (37 CFR 1.17(a)(5)) | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.

☒ A check in the amount of the fee is enclosed.

☒ The Commissioner is hereby authorized to charge any fees which may be required or to credit any overpayment to Deposit Account Number 13-2490. I have enclosed a duplicate copy of this sheet.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name	Sherri L. Oslick
Reg. No.	52,087
Signature	<i>Sherri L. Oslick</i>
Date	December 12, 2003

EXT (Rev. 1/3/01)

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